PTC/SR/81 (09-03)

09/617,169 **Application Number** July 17, 2000 Filing Date **POWER OF ATTORNEY** Brent E. Pearson First Named Inventor SYSTEM AND METHOD FOR Title INTERACTIVE TRANSLATION CORRESPONDENCE ADDRESS 2654 INDICATION FORM Art Unit Lamont M. Spooner Examiner Name 022207-000000U\$

I hareby appoint:			RECEIVE	
Practitioners associated with the Customer Number	20350		CENTRAL FAX C	ENT
OR			AUG 042	2004
Practitioner(s) named below:				
Name	Regist	ration Number		
				D W
		·		
as my/out attorney(s) or agent(s) to prosecute the application Parent and Trademark Office connected therewith.	n identified above, and	i to transact all business in the U	nited States	
Please recognize or change the correspondence address to	r the above-identified (application to:	The state of the s	
The address associated with the above-mentioned Custo	•	RECE		
ОЯ		·	7 2004	
☐ The address associated with Customer Number.		i	i I	
ОЯ		Technology	Center 2600	
☐ Firm or				
Individual Name Address			*	
City	State	ZIP		
Country	1			
Telephone	Fax			
I am the:	<u> </u>			
Applicant/inventor.				
Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form P	3.71. <i>TO/\$8/96).</i>			
SIGNATURE of Appil	cant or Assignee of I	Record		
Name Michael Pendergast,				
Signature 1111				
Date March 18 2004	Telephon	I MANIA IL. ATT		
NOTE: Signatures of all the inventors or assigness of record of the en- torms if more than one signature is required, see below.	ilm interest or their repres	sentative(s) are required. Submit multi	ple	_
Total of forms ere aubmitted.				

AUG. 4. 2004 11:21 M

NO. 5556 P. 1

TOWNSEND and TOWNSEND and CREW

RECEIVED
CENTRAL FAX CENTER
AUG 0 4 2004
OFFICIAL

ATTN:

Examiner Lamont Spooner